STATEMENT OF

FORM 1	ORGANIZATION (See instructions)		200
1. NAME OF COMMITTEE (in t	(Check if name Example	e: If typying, type lines 12FE4M	Office use only
	ORATION EMPLOYEES PAC	141 4 111 1 1 1 1 1 1 1	
	1000 0		
ADDRESS (number and s			
(Check if address is changed)	Suite 1100		
	Arlington		
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address))	
(Check if address is changed)			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C0034	5603	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and be	elief it is true, correct and complete	
Type or Print Name of	Treasurer Daniel Hoydysh		
Signature of Treasurer	Electronically Filed by Daniel Hoydysh	Date 0	3 / D 2 3 / Y Y Y Y 9 9
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the p		_
Office Use Only	Fe	or further information contact: deral Election Commission II Free 800-424-9530	FEC FORM 1 (Revised 02/2009)